

PLEASE NOTE THE FOLLOWING

The time frame to file an Annual Appeal is June 15th through August 1st. Appeal forms must be filed and received in the Assessment Office on or before August 1st by 5:00 p.m. in order to be considered timely filed for the 2027 tax year.

It is important that the information on your appeal form be clear and legible. All supporting documentation should be submitted with the appeal form in order for the Board to make an informed decision at the time of the hearing.

Appeals will be conducted via TELEPHONE. Instructions will be on your hearing notice.

If you have an expert witness or counsel, it is necessary for them to call at the time of your hearing.

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Continue to page 3 for fillable form

BERKS COUNTY ASSESSMENT APPEAL FORM

County of Berks Assessment Office
400 E. Wyomissing Ave., Mailbox 6, Mohnton, PA 19540

Website: www.berkspa.gov
E-mail: assessment@berkspa.gov

Phone Number: 610-478-6262

Please select one: ☐ Annual | ☐ Change | ☐ Clean & Green | ☐ Breach or Rollback

Non-refundable filing fee of: \$25.00 for Mobile Homes | \$50.00 for residential/farm class | \$200.00 for all other classes.

READ BOTH SIDES. IT MUST BE FULLY COMPLETED AND SIGNED. INCOMPLETE FORMS WILL BE RETURNED AND MAY VOID YOUR APPEAL.

A check payable to the "County of Berks" must accompany the original signed, completed appeal form for each parcel that is being appealed. The appeal and filing fee must be received by the filing deadline. The appeal and any attachments may be filed by mail at the above address. **Appeal forms may not be sent via e-mail or fax.**

An appeal **must be filed** by the legal or equitable owner of the property; an attorney representing the legal or equitable owner; an individual possessing a valid power of attorney (copy must be attached) or a taxing authority. One of the above referenced **must be present** at the appeal hearing.

An appeal by an irrevocable trust, company, LP, LLC, corporation, partnership and/or anything not in the name of a person or persons **must be filed** by an attorney and the attorney **must be present** at the appeal hearing.

Settlement sheet and builder's contract are required for newly built homes purchased within the past 6 months.

BASIS FOR APPEAL:

The law presumes the assessment value is correct until proven otherwise. You have a valid claim for reduction if you can **provide legally sufficient evidence** to justify a reduction based on the property's **"fair market value"** at the time the appeal is filed. The burden of proof is on the appellant, and fair market value is not necessarily the most recent purchase price.

Fair market value is defined as "the price which a purchaser, willing but not obligated to buy, would pay an owner, willing but not obligated to sell, considering all uses to which the property is adapted."

Evidence of Fair Market Value (FMV) must be provided, or the board will have grounds to deny your appeal. Evidence may be demonstrated by:

- A current appraisal within the past 6 months by a qualified appraiser; **OR**
- Documented sales of at least 3 similar properties within the last 6 months. Documented sales are shown by real estate sales sheets. Property information and pictures are necessary for the comparable properties.
- Income and expense data is required for commercial properties and multi-unit apartments; **AND**
- A picture of the subject property **must** be provided.

Appellant must provide one copy of all evidence submitted, to be retained within the appeal file.

NO BASIS FOR A REDUCED ASSESSMENT:

Tax increases by a municipality or school district; or property owners with personal financial hardship cannot be considered as a basis for a reduction of property assessments.

STATE REASONS FOR FILING THIS APPEAL _____

IMPORTANT:



Need an interpreter for your appeal hearing?

¿Necesita un intérprete para su cita de apelación?

☐ Yes/Si ☐ No

Preferred Language/Idioma Preferido _____

Appointments for appeal hearings **will not** be rescheduled.

Annual appeals – please list dates you are **unavailable** during August, September and October.

All other appeals – please list dates you are **unavailable** within 90 days of the notice mailing date.

DATES UNAVAILABLE: _____

Failure of Appellant to appear at the hearing shall be considered an abandonment of the appeal.

PROPERTY ID. NUMBER _____
(Pin Number) (Last 3 spaces are not applicable for all property ID numbers.)

CLASS _____

Property ID Number and Class may be found on the current county tax bill or the change in assessment notice. Class will determine the filing fee.

RECORD OWNER(S) NAME _____

owner ☐ tenant ☐ (check one)

APPELLANT (if neither of the above) _____

MAILING ADDRESS _____

☐ Check if new mailing address

PROPERTY SUBJECT OF APPEAL _____

Number

Street/Road

City/Twp/Boro

Appeals received after the filing deadline, whether or not mailed prior thereto, will be rejected as untimely filed.

A annual appeal, effective for the following tax year, must be filed between June 15 and August 1.

An appeal of a change in assessment must be filed within 40 calendar days of the mailing date on the notice.

WHAT IS THE PROPERTY USE? _____ LOT SIZE/ACREAGE _____

DATE PURCHASED _____ PURCHASE PRICE _____

CURRENT ASSESSMENT _____ YOUR OPINION OF VALUE OF PROPERTY _____

HAS THE PROPERTY BEEN APPRAISED IN THE LAST 6 MONTHS? _____ IF YES, ATTACH A COPY FOR FILE.

APPRAISAL AMOUNT (within past 6 months) \$ _____ DATE _____

REASON FOR THE APPRAISAL _____

The Berks County Board of Assessment Appeals operates under laws established by the General Assembly of the Commonwealth of Pennsylvania. This form is for guidance only and does not constitute legal advice.

CERTIFICATE OF APPEAL

I/We hereby declare my/our intention to appeal from the assessed valuation of the property described above and do hereby verify that the statements made in this appeal are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.

I/We understand the filing fee is non-refundable.

SIGNED _____ DATE _____

PHONE # (daytime) _____

EMAIL ADDRESS

(home/cell) _____

LIST BELOW ANY ATTORNEY/POWER OF ATTORNEY TO BE NOTIFIED OF THE PROCEEDINGS OF THIS APPEAL:

NAME _____

ADDRESS _____

DO NOT WRITE BELOW THIS LINE

DATE OF DISPOSITION _____ BOARD MEMBERS _____

Disposition

raised _____

FINAL MKT ASSMT _____

lowered _____

denied _____

FINAL C/G ASSMT _____